

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 83

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 240

Local Registrar No. 240

PLACE OF BIRTH

1. Country India

District of ...

Town of ...

or ...

City of ...

No. 1145 ... St. ... Ward ...
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ...

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other ...

6. Legitimate? ...

5. No., in order of birth ...

7. Date of birth Sept 2 1925
Month ... Day ... Year ...

8. FATHER

Full name ...

9. Residence (Usual place of abode) ...
If non-resident, give place and state.

10. MOTHER

Full maiden name ...

15. Residence (Usual place of abode) ...
If non-resident, give place and state.

10. Color or race ...

11. Age at last birthday 23 (Years)

16. Color or race ...

17. Age at last birthday 18 (Years)

12. Birthplace (city or place)

(State or country) ...

18. Birthplace (city or place)

(State or country) ...

13. Occupation

Nature of industry ...

19. Occupation

Nature of industry ...

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living ...

(b) Born alive but now dead ...

(c) Stillborn ...

21. Were precautions taken against ophthalmia neonatorum? ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... (Born alive ...) on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature ...

Address ...

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

120-902-399

Registrar

Filed ..., 19 ...

Local Registrar.

County Registrar.